

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOOSEXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2008

SECRET
(When Filled In)

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION		DATE
Submit (hand carry) 1 copy of this form to CI/OA		20 March 1959
TO: CI/Operational Approval and Support Division		FROM: [] SR/2, 2607 J Ext. 8251
SUBJECT: (True Name) Michael Matwijewytsch KORZAN		PROJECT AEDOGMA
CRYPTONYM, PSEUDONYM, AKA OR ALIASES		CI/OA FILE NO. C- 4448 C-36678
		RI 201 FILE NO. []
		SO FILE NO. []
TYPE ACTION REQUESTED		
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL	<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL	
<input checked="" type="checkbox"/> OPERATIONAL APPROVAL	<input type="checkbox"/> PROPRIETARY APPROVAL	
<input type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL	<input type="checkbox"/> COVERT NAME CHECK	
<input type="checkbox"/> COVERT SECURITY APPROVAL	<input type="checkbox"/> SPECIAL INQUIRY (SO field investigation)	
COVERT USE OF INDIVIDUAL OR ACTION REQUESTED		
IF REQUEST FOR POA AND IMMEDIATE OPERATIONAL USE, PLEASE COMPLY WITH SECTION 6A, FR 10-215.		
SPECIFIC AREA OF USE Paris, France		
FULL DETAILS OF USE Subject is to be in contact with Ukrainian emigre groups in Paris, France, and to report on the various organizations and activities. He will serve as a spotter in emigre circles working xxx with unwitting informants through his cover position.		
INVESTIGATIVE COVER		
IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?		<input type="checkbox"/> YES <input type="checkbox"/> NO
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION Please note that Subject has had previous OA as a longtime contract agent of this Agency.		
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY		
PRO AND GREEN LIST STATUS		
<input checked="" type="checkbox"/> PRO I, OR EQUIVALENT, IN (2) COPIES ATTACHED	<input type="checkbox"/> PRO II WILL BE FORWARDED	
<input type="checkbox"/> PRO II, OR EQUIVALENT, IN (1) COPY ATTACHED	<input checked="" type="checkbox"/> GREEN LIST ATTACHED, NO: 87822	
FIELD TRACES		
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> NO INFORMATION OF VALUE	<input checked="" type="checkbox"/> WILL BE FORWARDED
<input type="checkbox"/> DEROGATORY INFORMATION ATTACHED, WITH EVALUATION	<input type="checkbox"/> NOT INITIATED (Explanation)	
RI TRACES (Derogatory Information and Evaluation Attached)		
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> RECORD	<input checked="" type="checkbox"/> NON-DEROGATORY <input type="checkbox"/> DEROGATORY
DIVISION TRACES (Derogatory Information and Evaluation Attached)		
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> RECORD	<input checked="" type="checkbox"/> NON-DEROGATORY <input type="checkbox"/> DEROGATORY
SIGNATURE OF CASE OFFICER		EXTENSION SIGNATURE OF BRANCH CHIEF